

SUBMIT: COMPLETED APPLICATION, TAX STATEMENT AND FEE TO:
Bayfield County
Planning and Zoning Depart.
PO Box 58
Washburn, WI 54891
(715) 373-6138

APPLICATION FOR PERMIT
BAYFIELD COUNTY, WISCONSIN



Permit #:	21-0365
Date:	11-1-21
Amount Paid:	105-10-1-21 175- TBA
Refund:	Reconnect 50-11-3-21 JIG

INSTRUCTIONS: No permits will be issued until all fees are paid.
Checks are made payable to: Bayfield County Zoning Department.

DO NOT START CONSTRUCTION UNTIL ALL PERMITS HAVE BEEN ISSUED TO APPLICANT.

Original Application MUST be submitted

FILL OUT IN INK (NO PENCIL)

TYPE OF PERMIT REQUESTED →		<input checked="" type="checkbox"/> LAND USE		<input type="checkbox"/> SANITARY		<input type="checkbox"/> PRIVY		<input type="checkbox"/> CONDITIONAL USE		<input checked="" type="checkbox"/> SPECIAL USE		<input type="checkbox"/> B.O.A.		<input type="checkbox"/> OTHER	
Owner's Name: Vern R Sandstrom Linda M Sandstrom				Mailing Address: 109 N. Fremont				City/State/Zip: River Falls, WI 55102				Telephone: 715-307-7850			
Address of Property: 12290 Almstead Rd				City/State/Zip: Fort Wing, Wis. 54865				Cell Phone:							
Contractor: Kerry Tody				Contractor Phone: 715-292-3023				Plumber: Superior Plumbing				Plumber Phone: 715-292-6670			
Authorized Agent: (Person Signing Application on behalf of Owner(s))				Agent Phone:				Agent Mailing Address (include City/State/Zip):				Written Authorization Attached <input type="checkbox"/> Yes <input type="checkbox"/> No			
PROJECT LOCATION		Legal Description: (Use Tax Statement)						Tax ID#		Recorded Document: (Showing Ownership)					
SE 1/4, NW 1/4								28696		2021R 590677					
Gov't Lot		Lot(s)		CSM		Vol & Page		CSM Doc #		Lot(s) #		Block #		Subdivision:	
Section 36		Township 50		N, Range 8		W		Town of: Fort Wing		Lot Size		Acreage 10			
<input type="checkbox"/> Shoreland →		<input type="checkbox"/> Is Property/Land within 300 feet of River, Stream (incl. Intermittent) Creek or Landward side of Floodplain? If yes---continue →						Distance Structure is from Shoreline : _____ feet				<input type="checkbox"/> Is your Property in Floodplain Zone? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		<input type="checkbox"/> Are Wetlands Present? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
<input checked="" type="checkbox"/> Non-Shoreland		<input type="checkbox"/> Is Property/Land within 1000 feet of Lake, Pond or Flowage If yes---continue →						Distance Structure is from Shoreline : _____ feet							

Value at Time of Completion * include donated time & material	Project	Project # of Stories	Project Foundation	Total # of bedrooms on property	What Type of Sewer/Sanitary System(s) Is on the property or Will be on the property?	Type of Water on property
\$ 55,000	<input checked="" type="checkbox"/> New Construction	<input checked="" type="checkbox"/> 1-Story	<input type="checkbox"/> Basement	<input type="checkbox"/> 1	<input type="checkbox"/> Municipal/City	<input type="checkbox"/> City
	<input type="checkbox"/> Addition/Alteration	<input type="checkbox"/> 1-Story + Loft	<input type="checkbox"/> Foundation	<input checked="" type="checkbox"/> 2 ^{Yes owner} 10/27	<input type="checkbox"/> (New) Sanitary Specify Type: _____	<input checked="" type="checkbox"/> Well
	<input type="checkbox"/> Conversion	<input type="checkbox"/> 2-Story	<input checked="" type="checkbox"/> Slab	<input checked="" type="checkbox"/> 3	<input checked="" type="checkbox"/> Sanitary (Exists) Specify Type: Tank and drainfield	<input type="checkbox"/>
	<input type="checkbox"/> Relocate (existing bldg)				<input type="checkbox"/> Privy (Pit) or <input type="checkbox"/> Vaulted (min 200 gallon)	
	<input type="checkbox"/> Run a Business on Property		Use	<input type="checkbox"/> None	<input type="checkbox"/> Portable (w/service contract)	
	<input type="checkbox"/>		<input checked="" type="checkbox"/> Summer		<input type="checkbox"/> Compost Toilet	
					<input type="checkbox"/> None	

Existing Structure: (if addition, alteration or business is being applied for)	Length:	Width:	Height:
Proposed Construction: (overall dimensions)	Length: 36 FT	Width: 32 FT	Height: 14 FT

Proposed Use	✓	Proposed Structure	Dimensions	Square Footage
<input checked="" type="checkbox"/> Residential Use	<input type="checkbox"/>	Principal Structure (first structure on property)	(X)	
	<input checked="" type="checkbox"/>	Residence (i.e. cabin, hunting shack, etc.)	(36 X 32) ^{overall}	918
	<input checked="" type="checkbox"/>	with Loft	(X)	
	<input checked="" type="checkbox"/>	with a Porch	(16 X 18)	288
	<input checked="" type="checkbox"/>	with (2 nd) Porch	(X)	
<input type="checkbox"/> Commercial Use		with a Deck	(X)	
		with (2 nd) Deck	(X)	
		with Attached Garage	(X)	
<input type="checkbox"/> Municipal Use	<input type="checkbox"/>	Bunkhouse w/ (<input type="checkbox"/> sanitary, or <input type="checkbox"/> sleeping quarters, or <input type="checkbox"/> cooking & food prep facilities)	(X)	
	<input type="checkbox"/>	Mobile Home (manufactured date) _____	(X)	
	<input type="checkbox"/>	Addition/Alteration (explain) _____	(X)	
	<input type="checkbox"/>	Accessory Building (explain) _____	(X)	
	<input type="checkbox"/>	Accessory Building Addition/Alteration (explain) _____	(X)	
	<input type="checkbox"/>	Special Use: (explain) _____	(X)	
	<input type="checkbox"/>	Conditional Use: (explain) _____	(X)	
	Other: (explain) _____	(X)		

FAILURE TO OBTAIN A PERMIT or STARTING CONSTRUCTION WITHOUT A PERMIT WILL RESULT IN PENALTIES

I (we) declare that this application (including any accompanying information) has been examined by me (us) and to the best of my (our) knowledge and belief it is true, correct and complete. I (we) acknowledge that I (we) am (are) responsible for the detail and accuracy of all information I (we) am (are) providing and that it will be relied upon by Bayfield County in determining whether to issue a permit. I (we) further accept liability which may be a result of Bayfield County relying on this information I (we) am (are) providing in or with this application. I (we) consent to county officials charged with administering county ordinances to have access to the above described property at any reasonable time for the purpose of inspection.

Owner(s): <u>Vern R Sandstrom Linda M Sandstrom</u>	Date: <u>9-14-2021</u>
(If there are Multiple Owners listed on the Deed All Owners must sign or letter(s) of authorization must accompany this application)	
Authorized Agent: _____	Date: _____
(If you are signing on behalf of the owner(s) a letter of authorization must accompany this application)	

Address to send permit _____	Attach Copy of Tax Statement
Original Application MUST be submitted	If you recently purchased the property send your Recorded Deed

In the box below: **Draw or Sketch your Property** (regardless of what you are applying for)

Fill Out in Ink – **NO PENCIL**

- (1) Show Location of:

Proposed Construction
- (2) Show / Indicate:

North (N) on Plot Plan
- (3) Show Location of (*):

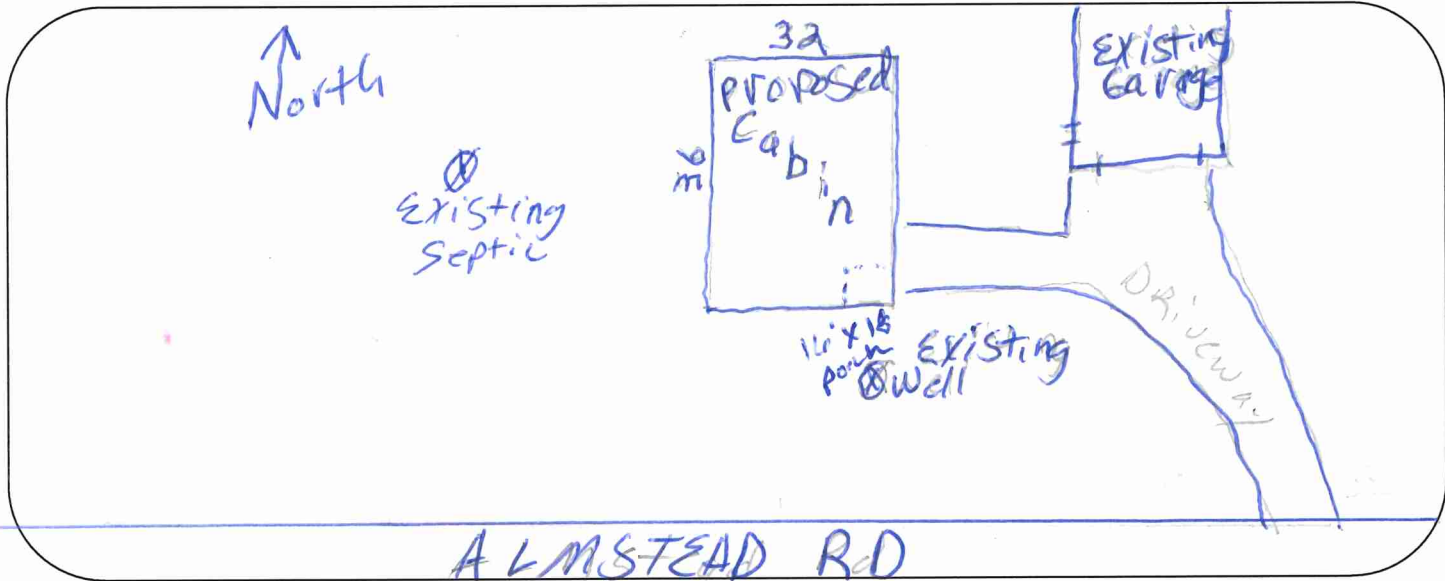
(*) Driveway and (*) Frontage Road (Name Frontage Road)
- (4) Show:

All Existing Structures on your Property
- (5) Show:

(*) Well (W); (*) Septic Tank (ST); (*) Drain Field (DF); (*) Holding Tank (HT) and/or (*) Privy (P)
- (6) Show any (*):

(*) Lake; (*) River; (*) Stream/Creek; or (*) Pond
- (7) Show any (*):

(*) Wetlands; or (*) Slopes over 20%



Please complete (1) – (7) above (prior to continuing)

Changes in plans must be approved by the Planning & Zoning Dept.

(8) **Setbacks:** (measured to the closest point)

Description	Setback Measurements		Description	Setback Measurements
Setback from the Centerline of Platted Road	123 130	Feet	Setback from the Lake (ordinary high-water mark)	Feet
Setback from the Established Right-of-Way	90 100	Feet	Setback from the River, Stream, Creek	Feet
			Setback from the Bank or Bluff	Feet
Setback from the North Lot Line	1100 1427.4	Feet		
Setback from the South Lot Line		Feet	Setback from Wetland	Feet
Setback from the West Lot Line	90 100	Feet	20% Slope Area on the property	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Setback from the East Lot Line	190 110	Feet	Elevation of Floodplain	Feet
Setback to Septic Tank or Holding Tank	60	Feet	Setback to Well	20 Feet
Setback to Drain Field	80	Feet		
Setback to Privy (Portable, Composting)		Feet		

Prior to the placement or construction of a structure within ten (10) feet of the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner or marked by a licensed surveyor at the owner's expense.

Prior to the placement or construction of a structure more than ten (10) feet but less than thirty (30) feet from the minimum required setback, the boundary line from which the setback must be measured must be visible from one previously surveyed corner to the other previously surveyed corner, or verifiable by the Department by use of a corrected compass from a known corner within 500 feet of the proposed site of the structure, or must be marked by a licensed surveyor at the owner's expense.

(9) Stake or Mark Proposed Location(s) of New Construction, Septic Tank (ST), Drain field (DF), Holding Tank (HT), Privy (P), and Well (W).

NOTICE: All Land Use Permits Expire One (1) Year from the Date of Issuance if Construction or Use has not begun.
For the Construction Of New One & Two Family Dwelling: ALL Municipalities Are Required To Enforce The Uniform Dwelling Code.
The local Town, Village, City, State or Federal agencies may also require permits.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

Issuance Information (County Use Only)	Sanitary Number: 282764 367268	# of bedrooms: 2	Sanitary Date: 6-12-97 6-27-00	
Permit Denied (Date):	Reason for Denial:			
Permit #: 21-0365	Permit Date: 11-1-21			
Is Parcel a Sub-Standard Lot Is Parcel in Common Ownership Is Structure Non-Conforming	<input type="checkbox"/> Yes (Deed of Record) <input type="checkbox"/> Yes (Fused/Contiguous Lot(s)) <input type="checkbox"/> Yes	<input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No <input checked="" type="checkbox"/> No	Mitigation Required Mitigation Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Affidavit Required Affidavit Attached <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No
Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	Previously Granted by Variance (B.O.A.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	Case #:	
Was Parcel Legally Created Was Proposed Building Site Delineated	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	Were Property Lines Represented by Owner Was Property Surveyed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
Inspection Record: No stables but builder indicated it'll be placed in same location as existing mobile home			Zoning District (F1) Lakes Classification (-)	
Date of Inspection: 10-14-21	Inspected by: Todd Norwood		Date of Re-Inspection:	
Condition(s): Town, Committee or Board Conditions Attached? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No – (If No they need to be attached.) Must obtain a Uniform Dwelling Code (UDC) permit from the locally contracted UDC inspection agency prior to start of construction. Must meet and maintain setbacks. Must be at least 75' from property lines.				
Signature of Inspector: Todd Norwood			Date of Approval: 10-28-21	
Hold For Sanitary: <input type="checkbox"/>	Hold For TBA: <input type="checkbox"/>	Hold For Affidavit: <input type="checkbox"/>	Hold For Fees: <input type="checkbox"/>	<input type="checkbox"/>

\$ 175.00

ENTER

TOWN BOARD RECOMMENDATION -- (CLASS A - SPECIAL USE)

Residence in Ag-1 or F-1; Shoreland Grading; Short-Term Rental (1 unit); Signage; RV Ext

When **Town Board** has completed this form, please mail to:

Bayfield County Planning and Zoning Department
P.O. Box 58 – Washburn, WI 54891
Phone – (715) 373-6138
Fax – (715) 373-0114
e-mail: zoning@bayfieldcounty.org

Website:
www.bayfieldcounty.org/147

Date Zoning Received: (Stamp Here)

Bayfield Co.
OCT 18 2021
RECEIVED
Planning and Zoning Agency

Property Owner(s) are responsible to give this form to the Town Clerk. Attach a copy of the County Application (8 1/2 x 14) [front/back]. This is a **Class A** special use request. **Note:** The Town's Planning Commission meets prior to the Town. Once the Town meets they will forward their recommendation to the Planning and Zoning Department. Ask Town if you should be present at their meeting(s).

Property Owner Vern R Sandstrom Linda M Sandstrom Contractor Kerry Tady

Property Address 12290 Almstead Authorized Agent _____

Port Wing, Wisc. 54865 Agent's Telephone _____

Telephone 715-307-7850 Written Authorization Attached: Yes () No ()

Accurate Legal Description involved in this request (specify only the property involved with this application)

SE 1/4 of NW 1/4, Section 36, Township 50 N., Range 8 W. Town of Port Wing

Govt. Lot _____ Lot _____ Block _____ Subdivision _____ CSM# _____

Volume _____ Page _____ of Deeds Tax I.D.# 28696 Acreage 10

Additional Legal Description: West half of West half

Applicant: (State what you are asking for) Residence in F1 Zoning District: F1 Lakes Classification —

We, the Town Board, **TOWN OF** _____, do hereby recommend to

☐ Table

☒ Approval

☐ Disapproval

Have you reviewed this for Compatibility with the Comprehensive and/or Land Use Plan: ☒ Yes ☐ No

Township: (In detail clearly state Town Board's reason for recommendation of tabling, approval or disapproval)

IMPROVES THE TAX BASE.

** THE FOLLOWING **MUST** BE INCLUDED WITH THIS FORM:

1. The Tabled, Approval or Disapproval box checked
2. The Town's reasoning for the tabling, approval or disapproval
3. The form returned to Zoning Department not a copy or fax

**** NOTE:**

Receiving Town Board approval, does not allow the start of construction or business, you must first obtain your permit card(s) from the Planning and Zoning Department.

Signed:

Chairman: Gusset Butler

Supervisor: [Signature]

Supervisor: [Signature]

Supervisor: _____

Clerk: [Signature]

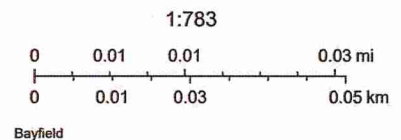
Date: 10/13/2021

Bayfield County, WI



10/28/2021, 9:16:52 AM

- | | |
|-----------------------------|------------------------------|
| Meander Lines | All Roads |
| Approximate Parcel Boundary | Town |
| Section Lines | Building Footprint 2009-2015 |
| Municipal Boundary | Existing |
| | Driveways |
| | Buildings |



BAYFIELD COUNTY SANITARY PERMIT APPLICATION

Not Paid

Zoning District _____
Lakes Class _____

I. APPLICATION INFORMATION

(Please Print All Information)

Soil Test
No: _____

County
Permit No: _____

Property Owner's Name:

County:

Bayfield

Vern R Sandstrom Linda M Sandstrom

Address of Property:

Property Location:

12290 Almstead Rd Port Wing, WI

SE 1/4 NW 1/4, S 36 T 50 N, R 8 E (or W)

Property Owner's Mailing Address:

Township:

Gov. Lot #:

109 N. Fremont St.

50

City, State

Zip Code

Phone Number

Lot #

Block #:

CSM #:

CSM Doc #

Subdivision Name

River Falls Wis.

54022

715-307-7850

II. TYPE OF BUILDING: (Check One)

- ☐ State Owned
- ☐ Public (Explain the use/purpose _____)
- ☒ 1 or 2 Family Dwelling - No. of Bedrooms *2*

Tax ID#:

28696

III. TYPE OF PERMIT: (Check only one box on line A. Check box on line B, if applicable)

- A) ☐ New ☐ Replacement ☐ County Private Interceptor
- ☒ Reconnection ☐ Repair ☐ Revision ** ☐ Transfer of Owner (List Previous Owner below)

- B) ☐ A Sanitary Permit was previously issued. Previous Permit Number: *282764* Date Issued: *5-7-97*

IV. TYPE OF NON-PLUMBING SYSTEM: (Check One) * Replacements need previous permit number and date filled out above

- C) ☐ Pit Privy ☐ Vault Privy (Vault size: _____ gallons or _____ cubic yards)
- ☐ Portable Privy ☐ Camping Transfer Unit Container ☐ Composting Toilets ☐ Incinerating Toilet

V. ABSORPTION SYSTEM INFORMATION:

1. Gallons Per Day	2. Absorp. Area Required (Sq.Ft.)	3. Absorp. Area Proposed (Sq. Ft.)	4. Loading Rate (Gals. / Day / Sq.Ft.)	5. Perc. Rate (Min. Inch)	6. System Elev.(Feet)	7. Final Grade Elev. (Feet)
<i>300</i>	<i>429</i>	<i>429</i>	<i>0.7</i>		<i>95.3</i>	

VI. TANK INFORMATION:

	Capacity In Gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber - glass	Plastic	Exper. App.
	New Tanks	Existing Tanks									
Septic Tank or Holding Tank		<i>750</i>	<i>750</i>	<i>1</i>	<i>Wieser</i>	<i>X</i>					
Lift Pump Tank / Siphon Chamber											

VII. RESPONSIBILITY STATEMENT:

I the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.

Owner's Name(s): (Print) If applying for Section C above

Owner's Signature(s): (No Stamps)

Plumber's Name: (Print) If applying for Section A or B above

Plumber's Signature: (No Stamps)

MP/MPRSW No:

Edward Redinger

Edward Redinger

221939

Plumber's Address: (Street, City State, Zip Code)

Home Phone:

Business Phone:

1015 11th AVE E Ashland, WI 54806

715-292-6670

VIII. COUNTY / DEPARTMENT USE ONLY

- ☐ Approved ☐ Disapproved ☐ Owner Given Initial Adverse Determination
- Sanitary Permit/Transfer Fee: *Paid 50-* Date Issued: _____ Issuing Agent's Signature / Date: _____

IX. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:



Private Sewage System Maintenance Agreement

Owner(s) Name

Vern R. Sandstrom
Linda M. Sandstrom

Owner(s) Mailing Address

109 N. Fremont St. River Falls, Wisc

Site Address

12290 Almstead Rd. Port Wing, Wisc. 54022

Tax ID #

28696

As owner, I (we) do hereby certify the private sewage system will be installed in accordance with the certified soil tester's report and approved plans and specifications on file with Bayfield County Planning and Zoning Department. The system will be operated in such a manner as to meet the designed plans. I (we) agree to maintain said private system at the below listed location in accordance with rules established in the WI Adm. Code, as from time to time amended. **(COMPLETE Legal is required)**

SE 1/4 of NW 1/4 Section 36 Township 50 N. Range 8 W.

Additional Legal Description: W 1/2 W 1/2

Town of Port Wing (Acreage) 10 Gov't Lot

Lot Block Subdivision

Lot CSM # Vol. Page CSM Doc #

2021R-590929

DANIEL J. HEFFNER
BAYFIELD COUNTY, WI

REGISTER OF DEEDS

09/15/2021 09:15AM

TF EXEMPT #:

RECORDING FEE: 30.00

PAGES: 1

Recording Area

Return To:

Planning and Zoning Department

☒ In-ground gravity

☐ In-ground dosed

☐ In-ground pressure distribution Sewage System:

☐ Mound

☐ At-grade Sewage System

☐ Other

Septic Tank (system types A through E): The septic tank shall be pumped by a certified septage servicing operator within three (3) years of the date of installation and at least once every three (3) years thereafter unless, upon inspection by a licensed master plumber or other person authorized to make such inspection, the tank is found to have less than one-third (1/3) of the volume occupied by sludge and scum.

Pump Chamber (system types B, C, D, and E): The pump chamber shall also be rinsed and pumped out when the septic tank is serviced as provided above. The switches and pump controls shall also be inspected and maintained to ensure operability of said components.

Septic Tank Effluent Filter (system types A through E): The septic tank effluent filter shall be inspected and maintained as necessary and in accordance with manufacturer's specifications. Filter maintenance reports shall be submitted to the County as required by SPS 383.55, Wis. Admin. Code.

Private Sewage System Dispersal Cell (system types A through E): The private sewage system distribution cell shall be visually inspected by a certified septage servicing operator, POWTS inspector, or licensed master plumber within three (3) years of the date of installation and at least once every three (3) years thereafter to determine whether wastewater or effluent from the system is ponding on the ground surface.

Mounds, At-grade, and In-ground Pressure System Laterals (system types C, D and E): The laterals shall be flushed out and swabbed if needed when the wastewater distribution cell component is inspected as provided above.

Owner(s) agree that failure to comply with this agreement will result in action being taken to pay all charges and costs incurred by Bayfield County for inspection, pumping, hauling, or otherwise servicing and maintaining the private sewage system tank in such a manner as to prevent or abate any human health hazard caused by the system. Bayfield County shall notify the owner of any costs which shall be paid by the owner within thirty (30) days from the date of notice. In the event the owner does not pay the costs within thirty (30) days, the owner specifically agrees that all the costs and charges may be placed on the tax roll as a special assessment for the abatement of a human health hazard, and the tax shall be collected as provided by law.

The terms and conditions of the agreement shall be binding upon and inure to the benefit of all current and future owners of such property.

Owner(s) Name(s) - Please Print

Vern R Sandstrom
Linda M Sandstrom

Notarized Owner(s) - Signature(s)

Vern R Sandstrom
Linda M Sandstrom

Subscribed and sworn to before me on this date:

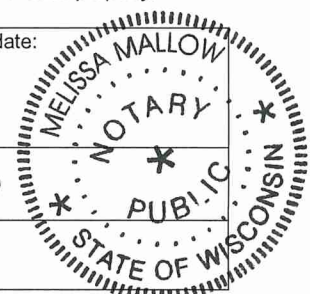
9-13-2021

Notary Public

Melissa Mallow

My Commission Expires:

11-23-2021



Drafted by: Linda Sandstrom Date: 9-13-2021

Proofed by: _____

SANITARY PERMIT APPLICATION

In accord with ILHR 83.05, Wis. Adm. Code

Safety and Buildings Division
201 E. Washington Ave.
P.O. Box 7969
Madison, WI 53707-7969

- Attach complete plans (to the county copy only) for the system, on paper not less than 8 1/2 x 11 inches in size.
- See reverse side for instructions for completing this application

The information you provide may be used by other government agency programs
Privacy Law, s. 15.04 (1) (m).

County <u>Bay View</u>
State Sanitary Permit Number <u>282764</u>
<input type="checkbox"/> Check if revision to previous application
State Plan I.D. Number

I. APPLICATION INFORMATION - PLEASE PRINT ALL INFORMATION

Property Owner Name <u>Robert P. McK</u>		Property Location <u>SE 1/4 NW 1/4, S 36 T 50, N, R 8 E (or W)</u>	
Property Owner's Mailing Address <u>Box 116 B</u>		Lot Number	Block Number
City, State <u>Pont Wing WI</u>	Zip Code <u>54865</u>	Phone Number ()	
Subdivision Name or CSM Number			
<input type="checkbox"/> City <input type="checkbox"/> Village <input checked="" type="checkbox"/> Town OF <u>Pont Wing</u>		Nearest Road <u>Arney Rd</u>	
Parcel Tax Number(s)			

- II. TYPE OF BUILDING:** (check one) ☐ State Owned
- ☐ Public ☒ 1 or 2 Family Dwelling - No. of bedrooms 2

III. BUILDING USE:

(If building type is public, check all that apply)

- | | | |
|--|--|---|
| 1 <input type="checkbox"/> Apartment / Condo | 6 <input type="checkbox"/> Medical Facility / Nursing Home | 10 <input type="checkbox"/> Outdoor Recreational Facility |
| 2 <input type="checkbox"/> Assembly Hall | 7 <input type="checkbox"/> Merchandise: Sales / Repairs | 11 <input type="checkbox"/> Restaurant / Bar / Dining |
| 3 <input type="checkbox"/> Campground | 8 <input type="checkbox"/> Mobile Home Park | 12 <input type="checkbox"/> Service Station / Car Wash |
| 4 <input type="checkbox"/> Church / School | 9 <input type="checkbox"/> Office / Factory | 13 <input type="checkbox"/> Other: specify _____ |
| 5 <input type="checkbox"/> Hotel / Motel | | |

IV. TYPE OF PERMIT:

(Check only one box on line A. Check box on line B, if applicable)

- A) 1. ☐ New System 2. ☒ Replacement System 3. ☐ Replacement of Tank Only 4. ☐ Reconnection of Existing System 5. ☐ Repair of an Existing System
- B) ☐ A Sanitary Permit was previously issued. Permit Number _____ Date Issued _____

V. TYPE OF SYSTEM:

(Check only one)

- | | | | |
|--|--|--|--|
| Non-Pressurized Distribution | Pressurized Distribution | Experimental | Other |
| 11 <input checked="" type="checkbox"/> Seepage Bed | 21 <input type="checkbox"/> Mound | 30 <input type="checkbox"/> Specify Type _____ | 41 <input type="checkbox"/> Holding Tank |
| 12 <input type="checkbox"/> Seepage Trench | 22 <input type="checkbox"/> In-Ground Pressure | | 42 <input type="checkbox"/> Pit Privy |
| 13 <input type="checkbox"/> Seepage Pit | | | 43 <input type="checkbox"/> Vault Privy |
| 14 <input type="checkbox"/> System-In-Fill | | | |

VI. ABSORPTION SYSTEM INFORMATION:

1. Gallons Per Day <u>300</u>	2. Absorp. Area Required (sq. ft.) <u>429</u>	3. Absorp. Area Proposed (sq. ft.) <u>429</u>	4. Loading Rate (Gals/day/sq. ft.) <u>17</u>	5. Perc. Rate (Min./inch) <u>-</u>	6. System Elev. <u>95.3</u> Feet	7. Final Grade Elevation <u>98.0</u> Feet
----------------------------------	--	--	---	---------------------------------------	-------------------------------------	--

VII. TANK INFORMATION

	Capacity in gallons		Total Gallons	# of Tanks	Manufacturer's Name	Prefab. Concrete	Site Constructed	Steel	Fiber-glass	Plastic	Exper. App.
	New Tanks	Existing Tanks									
Septic Tank or Holding Tank	<u>250</u>		<u>250</u>	<u>1</u>	<u>Waters</u>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Lift Pump Tank / Siphon Chamber						<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

VIII. RESPONSIBILITY STATEMENT

I, the undersigned, assume responsibility for installation of the onsite sewage system shown on the attached plans.

Plumber's Name: (Print) <u>Jay Larson</u>	Plumber's Signature: (No Stamps) <u>Jay Larson</u>	MP/MPRSW No.: <u>MP# 7236</u>	Business Phone Number: <u>372-6656</u>
Plumber's Address (Street, City, State, Zip Code) <u>P.O. Box 522 Iron River WI 54847</u>			

IX. COUNTY / DEPARTMENT USE ONLY

<input checked="" type="checkbox"/> Approved	<input type="checkbox"/> Disapproved	Sanitary Permit Fee (Includes Groundwater Surcharge Fee) <u>paid 5-2-97 de</u>	Date Issued <u>5-7-97</u>	Issuing Agent Signature (No Stamps) <u>[Signature]</u> 5-7-97
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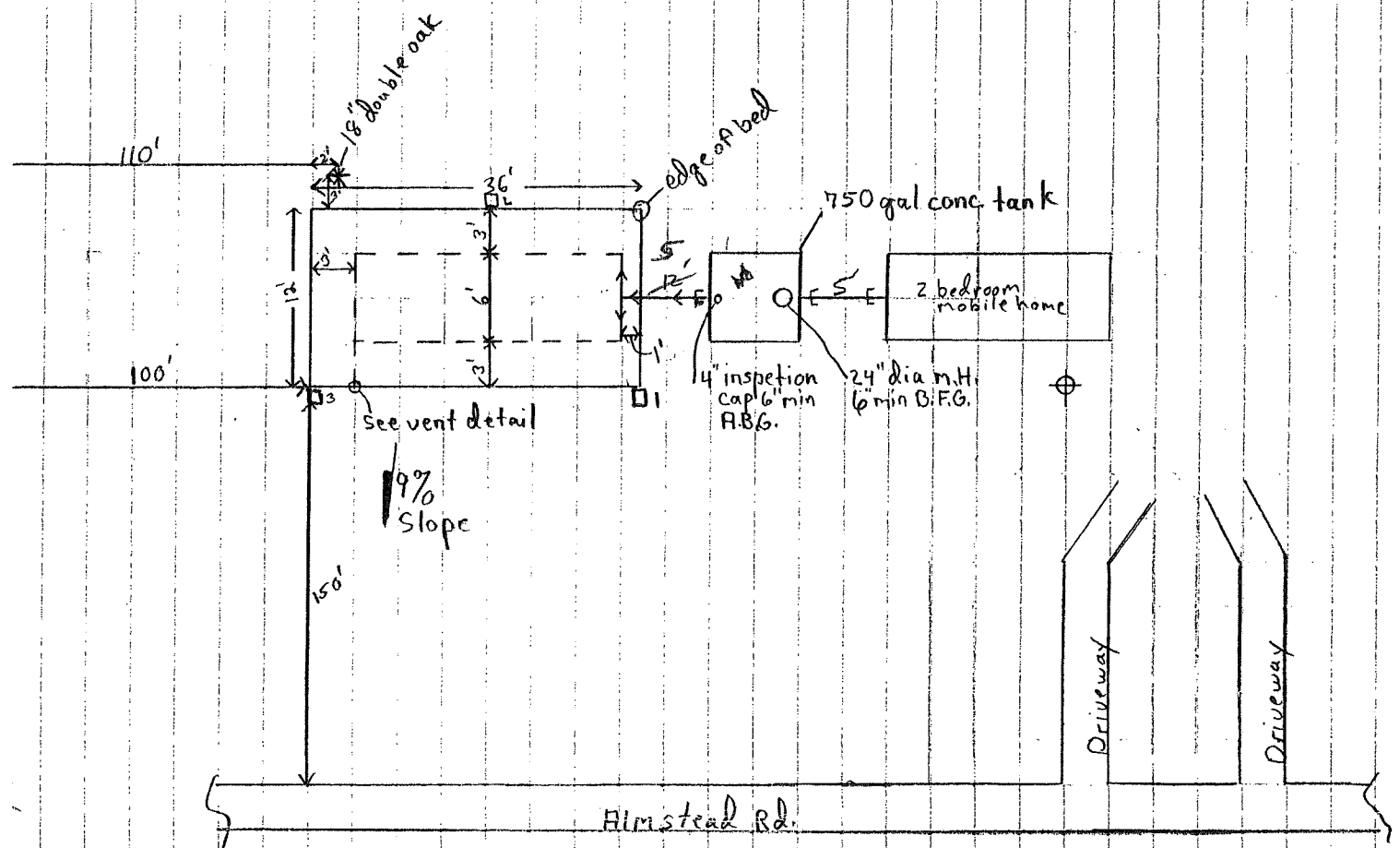
X. CONDITIONS OF APPROVAL / REASONS FOR DISAPPROVAL:

Property Owner:
Robert Polk
Rt. 1 Box 116B
Port Wing WI 54865

Property Location: County: Bayfield
Gout Lot: W 1/2 SE 1/4 NW 1/4 S36 T50N R 8 W
Lot # Block # Town of: Port Wing
Nearest Rd.: Almstead rd.
Drawing Not to Scale

P9

of bedrooms: 2



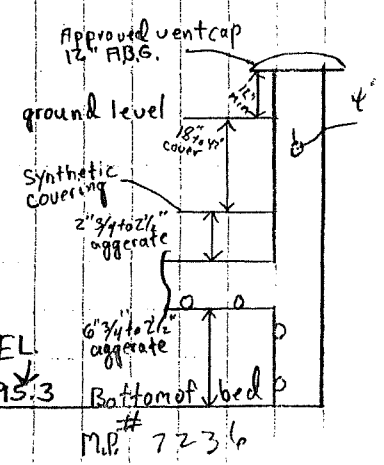
* Septic Tank is 84" in diameter
Septic tank meets all min. setbacks (Comm. 83)
Seepage area meets all min. setbacks (Comm. 83)
B.F.G. Below final grade
A.F.G. Above final grade

⊕ well
□ Boring pits
* Bench mark EL. 100'

Draw by:
Polkoski Plumbing
P.O. Box 522
Iron River WI. 54847

--- 2729 perf. -4"
← 3034 pvc w/flow direction -4"
[] Sched 40 pvc w/flow direction 3' onto Solid ground, out of tank min. 4"
Date: 4/28/97
Plumbers Signature: [Signature]

vent detail



Real Estate Bayfield County Property Listing

Today's Date: 9/30/2021

Property Status: Current

Created On: 3/15/2006 1:15:59 PM



Description

Updated: 9/9/2021

Tax ID: 28696
PIN: 04-042-2-50-08-36-2 04-000-30000
 Legacy PIN: 042109009980
 Map ID:
 Municipality: (042) TOWN OF PORT WING
 STR: S36 T50N R08W
 Description: W1/2 W1/2 SE NW IN DOC 2021R-590677
 Recorded Acres: 10.000
 Calculated Acres: 9.774
 Lottery Claims: 0
 First Dollar: Yes
 Zoning: (F-1) Forestry-1
 ESN: 127



Tax Districts

Updated: 3/15/2006

1	STATE
04	COUNTY
042	TOWN OF PORT WING
044522	SCHL-SOUTHSHORE
001700	TECHNICAL COLLEGE



Recorded Documents

Updated: 3/15/2006

QUIT CLAIM DEED

Date Recorded: 9/1/2021 2021R-590677

CONVERSION

Date Recorded: 476688 781-936;836-485



Ownership

Updated: 9/9/2021

VERN R & LINDA M SANDSTROM

RIVER FALLS WI

Billing Address:

VERN R & LINDA M SANDSTROM
 109 N FREMONT ST
 RIVER FALLS WI 54022

Mailing Address:

VERN R & LINDA M SANDSTROM
 109 N FREMONT ST
 RIVER FALLS WI 54022

**Site Address** * indicates Private Road

12290 ALMSTEAD RD PORT WING 54865



Property Assessment

Updated: 9/7/2021

2021 Assessment Detail

Code	Acres	Land	Imp.
G1-RESIDENTIAL	1.000	8,000	33,800
G6-PRODUCTIVE FOREST	9.000	9,900	0

2-Year Comparison

	2020	2021	Change
Land:	15,900	17,900	12.6%
Improved:	31,500	33,800	7.3%
Total:	47,400	51,700	9.1%



Property History

N/A

235485 6/20/95

282764 5/7/97

Town, City, Village, State or Federal
Permits May Also Be Required

LAND USE – **X**
SANITARY – **Reconnect**
SIGN –
SPECIAL – **TBA** (Twn of Port Wing-10-18-2021)
CONDITIONAL –
BOA –

BAYFIELD COUNTY

PERMIT

WEATHERIZE AND POST THIS PERMIT
ON THE PREMISES DURING CONSTRUCTION

No. **21-0365** Issued To: **Vern & Linda Sandstrom**

W ½ of the W ½ of the

Location: **SE ¼ of NW ¼** Section **36** Township **50** N. Range **8** W. Town of **Port Wing**

Gov't Lot Lot Block Subdivision CSM#

For: **Residential: [1- Story; Residence (36' x 32') = 918 sq. ft.]; Porch (18' x 16') = 288 sq. ft. Height of 14'**

(Disclaimer): Any future expansions or development would require additional permitting.

Condition(s): Must obtain a Uniform Dwelling Code (UDC) permit from the locally contracted UDC Inspection Agency prior to start of construction. Must meet and maintain setbacks. Must be at least 75' from property lines.

You are responsible for complying with state and federal laws concerning construction near or on wetlands, lakes, and streams. Wetlands that are not associated with open water can be difficult to identify. Failure to comply may result in removal or modification of construction that violates the law or other penalties or costs. For more information, visit the department of natural resources wetlands identification web page or contact a department of natural resources service center (715) 685-2900.

NOTE: This permit expires one year from date of issuance if the authorized construction work or work or land use has not begun.

Changes in plans or specifications shall not be made without obtaining approval. This permit may be void or revoked if any of the application information is found to have been misrepresented, erroneous, or incomplete.

This permit may be void or revoked if any performance conditions are not completed

or if any prohibitory conditions are violated.

Todd Norwood, AZA

Authorized Issuing Official

November 1, 2021

Date